

# Hill College

## 2019-2020 Other Untaxed Income Worksheet

1. Student name: (print) \_\_\_\_\_  
Last Name First Name

2. Student ID: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_

3. Circle one: **Independent Student** or **Dependent Student** (if you are unsure of your status please contact your financial aid processor)

If any item does not apply, enter "N/A" for Not Applicable,

If the student was required to provide parental information on the FAFSA answer each question below as it applies to the student and the student's parent(s) whose information is on the FAFSA.

If the student was not required to provide parental information on the FAFSA, answer each question below as it applies to the student (and the student's spouse, if married) whose information is on the FAFSA.

Student Information	Untaxed Income or Benefit	Parent Info (for dependent student)
Annual Amount for 2017		Annual Amount for 2017
\$	<b>Child Support RECEIVED for any of your children. Do not include Foster care or adoption payments</b> Name of Adult receiving the support: _____ Name and age of child for whom support was received _____ Name and age of child for whom support was received _____ Name and age of child for whom support was received _____	\$
\$	Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including but not limited to Amounts reported on the W-2 forms in Boxes 12a through 12d, codes D,E,F,G,H, and S. <i>Note: Please include all W-2's if you entered a dollar amount here.</i>	\$
\$	Housing, food and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). Do not include the value of on-base military housing or basic military allowance for housing.	\$
\$	Veterans non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$
\$	Other untaxed income not reported such as workers compensation, disability, etc. Include untaxed portion of health savings accounts from IRS 1040, line 25, Railroad Retirement Benefits, etc. Do not include untaxed social security or SSI payments, TANF, untaxed Social Security, SSI, combat pay, cafeteria plans, WIA educational benefits, credit for special fuels, or items excluded in other categories above.	\$
\$	Money received or paid on your behalf not reported elsewhere	\$

The student and/or one parent (if the student is dependent) must sign below certifying the accuracy of the information provided on this form.

**By signing this worksheet, I/we certify that all the information reported on this form is complete and correct. My/our signature(s) below authorize any needed corrections to the information reported on the Free Application for Federal Student Aid (FAFSA) as a result of the verification process.**

WARNING: Purposely giving false or misleading information may lead to expulsion, federal fines, and/or federal prosecution.

\_\_\_\_\_  
 Student signature Date Parent's signature (if student is dependent) Date